

BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Erik Pritzl, Executive Director

MEETING OF THE HUMAN SERVICES BOARD

Thursday, February 11, 2016

BROWN COUNTY HUMAN SERVICES-BOARD ROOM A

111 N. JEFFERSON STREET, GREEN BAY, WI 54311

5:15 P.M.

AGENDA

1. Call Meeting to Order.
2. Approve/Modify Agenda.
3. Approve Minutes of January 14, 2016 Human Services Board Meeting.
4. Executive Director's Report.
5. Presentation re: Payee Services
6. Administrator Report (CTC).
 - a. NPC Monthly Report.
 - b. QAPI Summary Report.
7. Financial Report for Community Treatment Center and Community Programs.
8. *Statistical Reports.
 - a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
 - b. Monthly Inpatient Data – Bellin Psychiatric Center.
 - c. Child Protection – Child Abuse/Neglect Report.
 - d. Monthly Contract Update.
9. *Request for New Non-Continuous Vendor.
10. *Request for New Vendor Contract.
11. Other Matters.
12. Adjourn Business Meeting.

**Note: attached as written reports*

Notices:

Notice is hereby given that action by the Human Services Board may be taken on any of the items, which are described or listed in this agenda.

Please take notice that additional members of the Board of Supervisors may attend this meeting of the Human Services Board, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

Any person wishing to attend the Human Services Board meeting who, because of a disability, requires special accommodations, should contact the Human Services Department at (920) 448-6006 by 4:30 p.m. on the day before the meeting so that arrangements can be made.

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Board** was held on Thursday, January 14, 2016 in Board Room A of the Sophie Beaumont Building, 111 North Jefferson Street, Green Bay, WI

Present: Chairman Tom Lund, Supervisor Clancy, Paula Laundrie, Carole Andrews, Susan Hyland

Also Present: Erik Pritzl, Executive Director

Luke Schubert, Hospital & Nursing Home Administrator

Eric Johnson, Finance Manager

1. Call Meeting To Order.

The meeting was called to order by Chairman Tom Lund at 5:15 pm.

2. Approve/Modify Agenda.

CLANCY/LAUNDRIE moved to approve the agenda.

The motion was passed unanimously.

3. Approve Minutes of December 10, 2015 Human Services Board Meeting.

ANDREWS/HYLAND moved to approve the minutes dated December 10, 2015.

The motion was passed unanimously.

4. Executive Director's Report.

Executive Director Erik Pritzl began by wishing everyone a happy new year and said that it was good to be working here in Brown County. He noted that this is the time of year to look backwards as well as forward. It is a time to look forward to 2016 and what work has to happen while at the same time looking back at 2015 and seeing how the year will end from a financial standpoint. He noted that the financial figures will be discussed further a little later in the meeting, but he did say that a deficit is expected in 2015 for both community programs and the CTC. Pritzl noted that the deficit for the CTC is largely a census issue. When the census is low in other areas, such as Nicolet, which feeds into the CBRF, it leads to a decline in the CBRF. Additionally, he is looking at better ways to use the CBRF and strides have been made in this area due to work done by Hospital Administrator Luke Schubert. Pritzl continued that census numbers were up at the CBRF and were hitting where they were expected to be when budgeting for 2016 was done. Unfortunately in December the census was down again. Meetings have been held recently to better understand what is going on and the meetings were helpful, but Pritzl said it still boils down to census and the wrong mix of people for the CBRF.

Pritzl continued that the deficit for community programs was a little more of a surprise. He said that through the year they had been talking about a deficit, but the plan was to apply fund balance to 2015, however, the deficit is well in excess of what the fund balance can cover and some of the deficit will need to be covered by the general fund. Lund asked how this would affect the 2016 budget and Pritzl responded that the focus will be to find out what was done in 2015 that carried forward into 2016 that will be a continuing problem. At this time, however,

Pritzl did not feel like 2016 will be a problem due to adjustments that have been made. He stated that they brought estimates down and were more realistic in projections. In general Pritzl felt that they addressed a lot of the structural pieces and he also noted that Family Care is a little more understood for next year than it was for this year. Additionally, with regard to some of the other expense overruns, children, youth and families and administrative expenses were big. In children, youth and families, they are looking at the personnel costs to see what happened, but they are also looking at purchased services which usually point to placements. They will try to understand this better and Pritzl said one of the reasons the numbers were trending a little high is due to people being removed due to safety reasons, either in their home or the community and some of those led to institutional placements which are very expensive. Pritzl continued that they are also putting some controls in place for residential that they will start working with managers on. Examples of residential care include places like Rawhide and Winnebago and placement at those facilities are typically extended stays for people with pretty significant needs. Pritzl said they need to understand that when someone is placed, they need to be working on discharge planning from day one. Laundrie commented on the amount of money that is spent on training at residential facilities. Training takes many, many hours but employees do not stay in their positions which results in a lot of lost revenue. It was indicated that unit staff are paid very low wages and often do not get any breaks on a 12 hour shift. Pritzl noted that the state regulates the residential care facilities and any concerns about labor practices or care practices would be addressed through the state. He would like to limit the use of these residential facilities as much as possible and feels there is a robust array of services in the community.

Pritzl also talked about the \$1.1 million dollars that was set aside for the mental health initiative. He stated that there are four groups working on various parts of the initiative. He is working on the mobile crisis part and has worked with the contracted provider to understand what the service looks like and what will need to be changed. Hospital Administrator Luke Schubert is working on the transitional residential treatment portion and there was recently a meeting to bring people together on this portion. District Attorney Dave Lasee is working on the day report center and Pritzl will be able to provide more information as to when this may go out for RFP after next week and will keep this Board advised. Finally, Behavioral Health Manager Ian Agar is working on the detox services portion along with law enforcement, substance abuse providers from the community and corporation counsel to establish what the detox portion should look like including the gatekeeping mechanism, criteria and other items. Proposals will be put together and then brought to the County Board. Pritzl felt that the mobile crisis portion should be ready to bring to the Human Services Committee in January, followed by the detox portion. He felt that the transitional residential piece could be ready to present in the February/March timeframe.

Bill Clancy asked about the mobile crisis piece. Pritzl responded that mobile crisis will very likely entail working with the current provider and taking what they are already doing and giving them more capability to get them out in the community more fully. What is being proposed is a joint response on welfare checks so that both law enforcement and crisis would respond to calls. Once law enforcement can assure safety, crisis would then start doing their assessment. Pritzl continued that they have worked with their contract provider to start moving towards this and the contract provider will work with law enforcement on this as well. He noted that he has met

with the GB Police Department on a couple of other issues as they currently have two mental health officers and this would be another resource to complement that. Pritzl said that this comes at a nice time because the GB Police Department has put some resources into community mental health in terms of police presence and the mobile crisis could be another support. Pritzl stated that the law enforcement agencies to work with first would be the Sheriff's Department and the Green Bay Police Department. A question was asked if the law enforcement officers he referenced earlier worked specifically with kids or if they were more broad. Pritzl stated that it was his understanding that the focus was primarily on adults that they have had some sort of contact with previously and are following up with to see how they are doing with keeping up on medications and appointments and things of that nature. He continued that these are not mental health clinicians or people trained in mental health crisis, but some of them are CIT trained. These officers would be doing follow-up on another angle. If an officer goes to a residence and sees something that does not seem right and are concerned with mental health status or suicidal risks, they could get the mobile crisis team involved. Currently what people do is bring people to the crisis center and what Pritzl wants to see happen is for the intervention to occur in the community because once you take someone somewhere, you are starting on the path of removal and he would like to see that disrupted. If services can be provided onsite, it is better than going to the crisis center and then having the crisis center have to make a determination as to how to get the person out of the crisis center. Pritzl continued that bringing the resources to the person in their home, their school or at the law enforcement station or hospital is more beneficial.

Lund asked how people with Alzheimer's were handled as currently it seems like the Alzheimer's people can pretty much do what they want until they get in trouble with the law. He felt that they should be dealt with the same way as someone with another mental health condition. Luke Schubert stated that different organizations take different approaches with regard to Alzheimer's and said that if there is potential of a dual diagnosis present, they are pretty flexible in accepting an EM1 admission. Schubert also noted that they do have the two emergency protective placement beds that they save for these situations. Pritzl added that the better path is the emergency protective placement system versus the emergency mental health crisis. He continued that they have made great strides and focus a lot on the physical needs as people age, but said they now realize that they have to focus just as much energy, attention and research on the mental aspects of aging as well.

Pritzl also reported that they have recently received three grants; one for crisis training, one for CIT training and one for sequential intercept mapping. There were 75 applicants for the sequential intercept mapping grant and Brown County received one of five grants awarded. The Board congratulated Pritzl on the award of this grant. Pritzl spoke a little bit more about the intercept mapping and stated that it really is system mapping and coming up with improvements and action plans. Lund noted it is great that Brown County is taking the lead on this. Laundrie felt that the work Pritzl and his staff does speaks volumes to their commitments to the community and she said she would be interested in attending some of these trainings if possible.

LAUNDRIE/ANDREWS moved to receive and place on file.
The motion was passed unanimously.

5. **Administrator Report (CTC).**
 - a. **NPC Monthly Report.**
 - b. **QAPI Summary Report.**

Hospital & Nursing Home Administrator Luke Schubert stated that they have started a new contract with Health Drive similar to the previous contract. The new contract includes restorative dental care which is an upgrade from the previous contract. This will be a nice addition for the residents as dental issues are a huge concern for patients. Schubert continued that they have re-initiated monthly focused medication advisor meetings with Streu's Pharmacy as outlined in his report contained in the agenda packet. The contract service RFP should be going out soon as the contract expires in June and Schubert would like to get ahead of that because if a change is made, it will be a major change and they want to stay on top of this.

Schubert continued that there have not been any client complaints and no regulatory health inspection surveys in December. He noted that he sent two employees to become certified CPI trainers and these individuals went to a four day workshop and will now be able to do trainings here. Schubert also said they recently had a meeting to discuss getting a core group of employees trained as CPI certified to have one leader on the unit at all times that is fully trained and they identified 12 – 13 employees to get certified in February. From there they will talk about what they can accomplish within the budget to take it further, but Schubert felt this was a good next step after the first wave of training.

Schubert also said that they realized they were getting a penalty for not complying with pay for performance in the psychiatric hospital metric. In looking into this, he found that the pay for performance metrics started three years ago for psychiatric hospitals. Pay for performance standards grow each year and not participating results in a 2% penalty on a reduction of payment for Medicare and Medicaid for the inpatient. The 2% was enacted for the last several years. In doing some research, Schubert found that we were the only one not participating and they have now found a way to bring the metrics down and build them into the system to participate. The Board was stunned by this. Pritzl stated that this was brought to their attention and their first response was that it was a small amount of money so they did not worry about it. He continued that when talking about this they landed on two things. The first was that they were collecting a lot of these pieces of information in different ways. He felt that they were collecting more than 60% of the measures so it was more of a matter of being comprehensive about it and doing the reports and assigning it to someone. The second thing they talked about was that this a measure to push you to improve, quantify things and set goals. He said it is not about these little quality measures which might be somewhat insignificant, but it is about the operation of the facility and putting the focus on quality improvement. Schubert has looked at this from both the financial and operational sides and said we should do this. Pritzl said again that they were doing it in most areas but there were a few things to tweak. Laundrie asked if this was ever being done and Pritzl responded that it was not. There is the option of not doing it, but then you have to pay the penalty. Schubert felt that at some point it would probably be required and it was best to get on the right track now. They are good metrics; things such as making sure that primary care providers have the discharge summary when someone is discharged. Many of the things just make good sense from the patient advocacy standpoint.

Laundrie asked if this has never been done, who was appointed the decision maker to never do it. Lund responded that it would have been the head of the Human Services Department. It was also stated that it may never have been a conscious decision not to do it, but the decision would have been not to spend the time and effort to do it. Schubert noted that everything is now being done and the Board was happy to hear this. Clancy felt that it probably did not seem worth the penalty it amounted to, but it escalates and he is happy to see that Brown County is now on board with this. Lund felt that it was water under the bridge and was happy to see that it is now being addressed.

HYLAND/ANDREWS moved to receive and place on file Items 5 a & b.
The motion was passed unanimously.

6. Financial Report for Community Treatment Center and Community Programs.

Finance Manager Eric Johnson started by saying that he is very pleased to be part of the Human Services effort at Brown County and providing the support to the community that the Human Services Department provides. He talked about projected year-end financial numbers for 2015. Since the last meeting he has completed a detailed projection estimate of all expenses and revenues, unit by unit, through year-end. What was learned during this process was that for state claiming purposes, expenses have been reported based on actual invoices received and that was driven by the fact that that is all that can be claimed with the state so it was cleaner to just record those and claim those to the state and not put an estimate in for incurred expenses for which invoices have not been received. Johnson continued that the majority of the purchased service contractors do not get their invoices in by the time the books are closed for any given month. What this means is that at the end of November, there were only 10 months of expenses reported instead of 11 months. This makes the numbers look very good in the financial statements, but that was only 10 months of expenses for a lot of the expense categories. For year-end, they leave accounts payable open long enough to capture all of the actual invoices through December, so two months of expenses in a lot of areas will be recorded in December and that changes the projection significantly.

With regard to the revenue side, a lot of the key contracts are annual contract amounts with maximums and because the dollars are claimed as soon as possible, they have been claimed as quickly as the expenses allow and a lot of the contracts are fully claimed by the end of November. This means that there is no additional revenue to record in December so besides seeing a lot of extra expenses that need to be recorded before year-end, there is also a lot less revenue that will be coming in in December compared to year-to-date averages.

The factors above have a very significant impact on community programs. Johnson stated that the amount on the November financials show a little bit better than budget so it looked as though another month's worth at the same level would have brought the Department close to the budgeted deficit, however, based on the facts explained above, there is an estimated \$1.7 million dollar variance above the budgeted deficit of \$1.9 million dollars which brings the deficit closer to \$3.6 million dollars which is a very significant swing due to the factors that came to light in the projection process.

Johnson continued that when he came aboard Pritzl said they needed to get the projections figured out and it was a suggestion from the auditors. He said he comes from a healthcare background which is more like an enterprise accounting like the CTC which requires that monthly accruals are required and all expenses are recorded through the end of the month whether invoices are received or not. For Human Services the rules are a little different and they follow a modified accrual accounting method. Johnson continued that they will be changing their methods to do some kind of estimation and get it recorded in financials even if it is not required for community programs going forward. This will give a better handle on what the projected invoices will be. Measures will be put in place to have the monthly financials match how much of the year has gone by and expenses incurred as opposed to invoices received.

With regard to the revenue side, Johnson said that even if we are claiming more than 1/12 of the month, only 1/12 will be recorded on the annual contract amounts and the additional revenue will be considered deferred revenue and will be put off to smooth out the revenue. Johnson felt that next year there will be much better numbers by putting these practices in place.

Pritzl stated that the financial situation will be brought before the Human Services Committee later in the month after the County Board meeting. He stated that the Human Services Committee knows that there is a deficit, but they probably do not know the amount. Pritzl continued that the Committee knows about the CTC, but this is different and what has been outlined explains the challenge that mid-year adjustments bring because reports at mid-year looked good. Johnson added that there are some unusual things as well such as additional dollars that are generally available from the state that are related to the shortfall to entities that provide a lot of services to Medicaid clients. They thought they would receive about \$600,000 of these funds but for various reasons this amount will be closer to \$100,000. There were some other unusual things that hit, but children, youth and families was the area that was the most over and they are looking at the details in that area. Johnson added that these services are mandated. He is confident that the 2016 budget is more realistic.

Johnson continued that in regard to the CTC, the monthly results have been pretty good the past few months in terms of being close to the monthly amount. What came to light in doing the projection for CTC is, even though it is an enterprise fund, normally there are two payrolls per month, but twice a year there are three payrolls in a month. There are things that can be done to do a little bit better accrual method to get 31 days instead of 28 days in a month, but that process is not in place yet. Johnson indicated that he was advised by Administration that this is something that will be changed county-wide for all of the departments so that even if a payroll has not been paid in a month, if there are extra days after the last payroll of the month, those days will be estimated into the month. In other words, payrolls that cross from one month to the next will be split. Johnson said that the impact of this on CTC is about 12 out of 14 days of a payroll additional expenses that will hit in December which is quite significant. The impact of this is about \$300,000 - \$400,000. Overall, the deficit that is being projected for the CTC was estimated at approximately \$1.8 million dollar variance, but actually it will be about \$2.2 million dollars instead. This is the variance from the budgeted deficit which was an amount

to match depreciation which is a non-cash expense so from a cash basis the budget would have broken even.

Lund commented that these deficits will take a lot out of the general fund. Pritzl responded that the plan is not to take a lot of the general fund, but instead to look at what the fund balances are to cover as much of this as possible. Johnson indicated that there is enough in the fund balance to cover what was projected, but not enough to cover the additional deficits. Pritzl noted that they were able to cover the projected deficits with the fund balance. Johnson noted that Human Services has its own fund balance and up until the year-end projection results came in, they felt they would be covered by the Human Services fund balance.

Johnson said that variance from budget is the best way to think of these things and said that the variance from budget for the CTC is \$2.2 million dollars and for community programs it is \$1.7 million dollars.

LAUNDRIE/CLANCY moved to receive and place on file.
The motion was passed unanimously.

7. Statistical Reports.

- a. Monthly CTC Data - Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
- b. Monthly Inpatient Data - Bellin Psychiatric Center.**
- c. Child Protection - Child Abuse/Neglect Report.**
- d. Monthly Contract Update.**

ANDREWS/HYLAND moved to receive and place on file Items 7 a-d.
The motion passed unanimously.

8. Request for New Non-Continuous Vendor.

LAUNDRIE/ANDREWS moved to receive and place on file.
The motion passed unanimously.

9. Request for New Vendor Contract.

ANDREWS/HYLAND moved to receive and place on file.
The motion was passed unanimously.

10. Other Matters.

It was indicated that the employees were happy with their wage increases and a lot of positive feedback was received on this. Pritzl stated that they worked on the wage increase process quite a bit to correct some things to make things fairer for everyone. Laundrie commented that a lot of good things are coming out of this and it looks like there are some moral and ethical team players working together to balance and neutralize and make salaries commensurate with experience as well as with new people coming in and she has not seen this before. She is gracious that this is being shared and happy that we are moving forward and noted that there is

a lot going on, but she expects things to continue to improve. Lund added that with the economy picking up, the County should be getting more tax revenue.

11. Adjourn Business Meeting.

CLANCY/ANDREWS moved to adjourn.

The motion was passed unanimously.

Chairman Lund adjourned the meeting at 6:20 pm

Respectfully submitted,

Therese Giannunzio

Recording Secretary

Brown County Human Services

Executive Director's Report to the Human Services Board & Committee

February 11, 2016

Members of the Board and Committee:

January was an active month focused on some new initiatives developing for 2016 including activities related to child abuse and neglect and mental health. The Brown County Task Force on Child Abuse and Neglect has been in place since 2013, with three implementation teams supporting the work of the community plan. The implementation teams include Community Training and Tools, Family Engagement and Systems Development. As the task force evolved, leaders decided that an advisory council needed to be established to coordinate and support the work of the teams. The council includes leaders in organizations that serve families, community leaders and some business leaders. This is another example of a partnership among key community members to collaboratively address the needs of people served by the department.

Another new initiative underway in the community is the Poverty Outcomes and Improvement Network (POINT.) The Greater Green Bay Foundation, along with partner foundations in the Fox Valley and Oshkosh, has been working with U.S. Venture and the Institutes for Healthcare Improvement (IHI) to address root causes of poverty as a region. The initiative is just getting started, with community organizations indicating their intent to participate in projects. Training and support for improvement practices will be provided to teams starting in February.

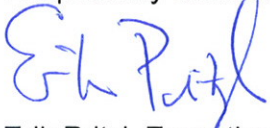
At the January Human Services Committee meeting, a resolution was approved expanding mobile crisis services. The department has been working with Family Services, our current contracted mental health provider, on the expansion. This was part of the overall mental health initiative supported by County Board action at the budget meeting in November, 2015. Attached is the proposal summary related to this component of the initiative. Other pieces underway for the initiative include:

- A workgroup around the detoxification services has been formed including representatives from the department, law enforcement and the treatment community with the purpose of developing criteria for utilizing the service. Meetings have been held, and a draft of criteria has been started.
- The first meeting of a workgroup around transitional residential treatment met in January. Some group participants toured a comparable facility in Outagamie County, and a follow up call is going to be held to better understand programming and funding.
- The day report center workgroup has also formed and met. Work in that area has focused on developing a list of needs associated with the day report center, and gathering request for proposals that other counties have used in establishing this service.

Regular conference calls are being scheduled to coordinate the work of the groups, and to get updates. As information is received, it will be brought the appropriate boards and committees for review.

A final update for the Human Services Board is that the Substance Abuse and Mental Health Services Administration (SAMHSA) selected a grant application for Sequential Intercept Mapping (SIM) for Brown County. This is a 1.5-day workshop that develops a map to illustrate how people with behavioral health needs come in contact with, and flow through, the criminal justice system. The purpose of this is to help establish priorities and opportunities through a strategic planning process. When we discussed this as a group at the ad hoc Mental Health Treatment Committee, we thought this would help us form a longer term plan on how to address people's needs. Activities under this grant are just getting started, with the first planning call held in January.

Respectfully Submitted By:

A handwritten signature in blue ink, appearing to read "Erik Pritzl", is written over the printed name.

Erik Pritzl, Executive Director

Mobile Crisis Expansion

Introduction:

Counties are responsible for providing emergency mental health services to residents of their county. Counties are required to have a crisis program that responds to emergent mental health situations, including emergency detentions.

The general requirements for crisis services, per administrative code and agreements between the State and Brown County include:

- Provide immediate evaluation and mental health care to persons experiencing a mental health crisis.
- Make emergency services available within the county's mental health outpatient programs, or mental health inpatient program.
- Be organized with assigned responsibility, staff and resources so that it is a clearly identifiable program.
- Be available 24 hours/day and 7 days/week.
- Offer telephone services with a published number.
- Offer face-to-face services for crisis intervention through outpatient services during business hours, and on-call (minimum) during other hours. On-site intervention when clinically desirable.

Community and Consumer Needs:

Brown County has crisis services that currently provide limited mobile outreach in addition to a telephone response system. The majority of in-person contacts, about 73%, occur at the Crisis Center, which requires a transport to the crisis center by law enforcement, the person or other resources. During the time of the transport, the person needing crisis services is in distress. Having the crisis assessment take place outside of the Crisis Center reduces a consumer transport, provides an on-site view of the consumer, and provides better consumer care.

The overall goal of this proposal is to bring services to the person in crisis safely versus bringing the person to a different location. This would enable the crisis system to provide assessments to the person in their situation and avoid unnecessary transports of the consumer.

Assumptions:

There are a few assumptions being made specific to this proposal:

- The current provider can support additional staff with training and supervision.
- Cooperation between system partners including law enforcement, crisis staff, health care, human services is in place.
- There is an adequate pool of talent to recruit from.

- Safety for the crisis staff can be assured in responding.

Initiative Scope:

The expansion of mobile crisis is specific to those situations where a person is alleged to be a risk to themselves or others, and is not willing to voluntarily present for treatment. These are typically identified as “EM-1” situations, where contact has been initiated with law enforcement, often as a welfare check of the person. The Crisis Center and Human Services will explore the use of joint response in these situations.

Mobile crisis services are not to be used in response to all calls. The Crisis Center currently averages 2,000 calls per month.

Initiative “Deliverables” & Costs:

Brown County Human Services is proposing to add crisis counselors through the contracted provider in 2016. The focus of these positions is on direct consumer contact, and is intended to provide an additional 96 hours of mobile crisis services per week.

The current crisis provider has proposed improved and coordinated mobile crisis response with law enforcement in welfare check situations. This will be evaluated as part of the expansion, and will require additional data for evaluation, and the establishment of agreements.

It will take some time to recruit, hire and train staff. Since mobile crisis services are already being offered on a limited basis in Brown County, there is program experience to build on and to inform the expansion. The estimate is that it will take three months to complete the process of expanding staffing.

The estimated annual cost of \$200,000 is related to adding crisis counselors to provide mobile services, including direct staff costs, supervision and program costs.

Resources:

The resources needed for effective expansion include:

- A pool of applicants that meets basic qualifications.
- Time for supervisors and managers to be involved in the screening and interviewing of applicants.
- Physical space for new staff.
- Resources for training new staff.
- Time for existing staff to provide job shadowing experiences.

The resources needed for expansion are available due to the current program operations.

Key Events and Tasks:

The key events and tasks associated with this include:

- The transfer of funds to accounts for expenditures.
- A signed contract in place.
- Posting position announcements.
- Screening applicants.
- Interviewing applicants and making offers.
- Completing training including web-based courses and job-shadowing.
- Evaluating procedure changes with law enforcement.

Risks:

There are some risks identified with this proposal, and these include:

- Safety issues with increased mobile crisis response.
- Resistance to change, which creates barriers to implementation.
- Restricted access to community settings, which could reduce availability to the person in crisis.

Strategies to address these risks include:

- Working closely with law enforcement to ensure safety.
- Presenting revised protocols to key system partners to get input from them.
- Evaluating protocols and agreements to gain access to most community settings.

Expected Benefits and Outcomes:

There are data elements that will be tracked before and during service implementation. These include:

- The number and duration (hours) of in-person mobile crisis contacts that occur outside of the Crisis Center.
- The number and duration of diversion stays (days) 12 months prior to mobile crisis expansion.
- The amount of law enforcement time (hours) per crisis contact pre and post mobile crisis expansion.
- The number and length (miles) of client transports post mobile crisis expansion.
- The average response time for mobile crisis calls. The 2016 target is within 30 minutes.

The expected benefits include:

- An increase in the number of mobile crisis contacts, and the hours of service provided to people outside of the Crisis Center.
- A reduction in the amount of law enforcement time per crisis contact due to improved coordination and response by crisis staff and law enforcement.
- A reduction in the transports associated with crisis calls.
- A decrease in the average response time for mobile crisis calls.

NPC Monthly Report

1. **Patient Care Issues**- There are no new concerns to report.
2. **Contracted Services Issues**- There were no significant concerns to report.
3. **Summary of patient complaints**- There were no patient complaints during the month of December.
4. **Federal/State Regulatory Concerns**- There were no regulatory health inspection surveys conducted at the CTC during the month of December.
5. **Approval of Medical Staff appointments**- There are no new medical staff appointment requests this month.
6. **Other Business**- We are requesting the Board's approval to have our traditional hospital, nursing home, and CBRF QAPI meetings and board reports to be reviewed and submitted on a quarterly basis. The current agenda and reporting format that is in place would be reviewed quarterly, not monthly.

We are requesting consideration to have an alternative QAPI meeting on a monthly basis to focus on interdepartmental and committee QAPI improvement projects. These departmental and committee leaders would be asked to report directly to the Board on their focused project initiatives and department initiatives during the monthly meetings, and have a Q & A session with the Board regarding projects and service areas.

Respectfully submitted by:

Luke Schubert, NHA: Hospital and Nursing Home Administrator

QAPI Summary Report
Nicolet Psychiatric Center
Prepared on February 3, 2016
Submitted by: Luke Schubert, NHA: Hospital and Nursing Home Administrator

Quality Assurance and Performance Improvement (QAPI) meetings are currently held monthly at BCCTC and include representation from administration, medical staff, nursing, social services, food/nutrition services, health information management, laboratory services, housekeeping services, facilities maintenance, billing services, electronic medical record systems, pharmacy, and the human services board. The most recent meeting was held on January 27, 2016 to review the 4th quarter and 2015 year-end data. The next meeting is scheduled for February 24, 2016 and will be a monthly meeting. Below is a summary of the main areas of focus reviewed at January's QAPI committee.

Root Cause Analysis/Sentinel Events

We had no sentinel events to report for the month of December. This RCA/Sentinel Events reporting process was revised in 2015 with the intent of strengthening our interdisciplinary after-action event reviews with the goal of reducing the risk of re-occurring events. We have noted positive feedback from this change in process over the last six months.

Pharmacy

We are conducting monthly medication advisory meetings with the DONs, RN Staff Educator, Administrator, and Streu's Pharmacy representative. Pharmacy audits will continue on a weekly basis, with the results being reviewed at the Medication Advisory and QAPI meetings with the Director of Nursing for the Hospital and Director of Nursing for Bayshore Village present.

Contingency medications and the medication storage room continue to be audited weekly with positive overall compliance results regarding reconciliation and medication delivery systems that meet the goals of the facility. The reconciliation of contingency medications and tracking of medication errors also continues to be audited with results meeting the current goals of the facility. The facility is planning to move forward with an automated medication dispensing system on or before July 2016, and will be sending out an RFP for pharmacy service prior to March 2016.

Infection Control

Infection control data continues to be monitored and reported on regularly at monthly Infection Control meetings as well as at monthly and quarterly QAPI meetings. Infection rates and prescribed antibiotic use continues to be within acceptable limits as defined by the hospital staff. There were no outbreaks to report during the month of December. We have had some internal process changes occur to comply with current regulatory standards regarding staff illness management, public health reporting, and return to work protocols. We have educated staff on the HIPAA statutes in relation to our ability to collect certain specific influenza and respiratory illness symptoms and to use that information to restrict their ability to work until being clear from risk of contagiousness to the resident and clients that we

serve. Our internal policies are based on public health reporting and management standards, CDC guidance, and DQA memos.

Treatment and Discharge Planning

A minimum number of five charts per week are audited to ensure that treatment plans are initiated within 24 hours of admission and that treatment plans are individualized with the inclusion of interdisciplinary approaches and discharge planning. Audits resulted in 94 % compliance for the month of December and 82 % compliance year-to-date. The treatment plan audit results continue to be just below the 95 % targeted compliance goal, but have steadily improved throughout the year to present. We plan to adjust these audits to bi-weekly monitoring.

Psychosocial Assessments

A minimum number of five charts per week are audited to ensure that the psychosocial assessments are entered into the medical record within 24 hours and that the content is appropriate. Audits resulted in 94 % compliance for the month of December and 91 % compliance year-to-date. Audits have steadily trended towards the 95 % targeted compliance goal. We plan to adjust these audits to bi-weekly monitoring.

Hospital Group Participation Audits

A minimum number of five charts per week are audited to ensure that the hospital group participation documentation is being properly recorded in the medical record and that alternatives are being offered if groups are declined or missed. The group schedule has been updated to include groups led by social workers, COTAs, nursing staff, and registered dietitians. Group participation documentation rates met the facility goal for the month of at a rate of 95 % compliance in December. Audits resulted in 92 % compliance year-to-date. We plan to adjust these audits to bi-weekly monitoring.

H&P Medical Record Audits

H&P compliance continues to improve so that H&Ps are recorded in the medical record within 24 hours or documentation of refusal is noted. December audits resulted in 92 % compliance. Audits resulted in 91 % compliance year-to-date. Education has been completed with the NP's related to this process. Dr. Warren is expanding his contracts offering with medical NP services that we anticipate will help us to achieve this quality goal as we proceed into 2016. We plan to adjust these audits to bi-weekly monitoring.

BID Form Audits

Background Information Disclosure (BID) forms are completed on hire and every four years after. Staff members who have not had a recent BID form are identified and then required to complete a new BID form. This audit is complete. The QAPI team will continue to monitor a small sample of files to ensure continued compliance. This process has been stable with 100 % compliance post health inspection monitoring year-to-date. We plan to remove this focus audit for future board reporting.

Other 2016 Focus Areas:

Reducing our Readmission Rates – Readmission rates for 2015 year-end were 11.9 % for Nicolet, compared to 9.6 % in 2014. We failed to meet our targeted reduction goal of 7.6 % or less for a readmission rate. We will need partnership with Family Services Crisis staff, Outpatient Services, and Diversion Services in order to effect the changes needed to meet this readmission rate reduction goal in 2016.

Pay for Performance Compliance - We are now collecting and measuring data on Nicolet regarding State of Wisconsin Pay for Performance standards in order to improve the quality of services and avoid a 2 % Medicare/Medicaid penalty rate reduction in 2016-2017. We will be reviewing this data in 2016 at our QAPI meetings.

OIG Work plan Compliance - We have reviewed the OIG work plan and are integrating the focus areas determined to be specific risk areas for our hospital and other inpatient service areas. We are developing specific plans around these compliance focus areas for 2016.

Respectfully submitted by:

Luke Schubert, NHA: Hospital and Nursing Home Administrator

**BROWN COUNTY COMMUNITY TREATMENT CENTER
JANUARY 2016 BAY HAVEN STATISTICS**

ADMISSIONS	January	YTD 2016	YTD 2015
Voluntary - Mental Illness	10	10	20
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	0	0	0
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	0	0
Commitment - Mental Illness	0	0	0
Return from Conditional Release	0	0	0
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	10	10	20

AVERAGE DAILY CENSUS	January	YTD 2016	YTD 2015
Bay Haven	2	2	2
TOTAL	2	2	2

INPATIENT SERVICE DAYS

Bay Haven	58	58	66
TOTAL	58	58	66

BED OCCUPANCY

Bay Haven	12%	12%	14%
TOTAL (15 Beds)	12%	12%	14%

DISCHARGES

Bay Haven	12	12	21
TOTAL	12	12	21

DISCHARGE DAYS

Bay Haven	60	60	69
TOTAL	60	60	69

ADMISSIONS BY UNITS	January	YTD 2016	YTD 2015
Bay Haven	10	10	20
TOTAL	10	10	20

AVERAGE LENGTH OF STAY	January	YTD 2016	YTD 2015
Bay Haven	5	5	3
TOTAL	5	5	3

ADMISSIONS BY COUNTY	January	YTD 2016	YTD 2015
Brown	7	7	16
Door	0	0	0
Kewaunee	0	0	2
Oconto	0	0	0
Marinette	0	0	0
Shawano	2	2	1
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	0	1
Manitowoc	0	0	0
Winnebago	0	0	0
Other	1	1	0
TOTAL	10	10	20

AVERAGE LENGTH OF STAY BY COUNTY	January	YTD 2016	YTD 2015
Brown	5	5	3
Door	0	0	0
Kewaunee	0	0	3
Oconto	0	0	0
Marinette	0	0	0
Shawano	5	5	13
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	0	5
Manitowoc	0	0	0
Winnebago	0	0	0
Other	2	2	2
TOTAL	5	5	3

NEW ADMISSIONS	January	YTD 2016	YTD 2015
Bay Haven	7	7	19
TOTAL	7	7	19

In/Outs	Current	YTD	2015
	2	2	0

READMIT WITHIN 30 DAYS	January	YTD 2016	YTD 2015
Bay Haven	1	1	1
TOTAL	1	1	1

**BROWN COUNTY COMMUNITY TREATMENT CENTER
JANUARY 2016 NICOLET PSYCHIATRIC CENTER STATISTICS**

ADMISSIONS	January	YTD 2016	YTD 2015
Voluntary - Mental Illness	19	19	18
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	51	51	49
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	4	4	1
Commitment - Mental Illness	0	0	0
Return from Conditional Release	3	3	13
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	77	77	81

AVERAGE DAILY CENSUS	January	YTD 2016	YTD 2015
Nicolet	11	11	9
TOTAL	11	11	9

INPATIENT SERVICE DAYS			
Nicolet	328	328	293
TOTAL	328	328	293

BED OCCUPANCY			
Nicolet	66%	66%	59%
TOTAL (16 Beds)	66%	66%	59%

DISCHARGES			
Nicolet	71	71	81
TOTAL	71	71	81

DISCHARGE DAYS			
Nicolet	283	283	301
TOTAL	283	283	301

ADMISSIONS BY UNITS			
Nicolet	77	77	81
TOTAL	77	77	81

AVERAGE LENGTH OF STAY			
Nicolet	4	4	4
TOTAL	4	4	4

ADMISSIONS BY COUNTY			
Brown	55	55	61
Door	3	3	3
Kewaunee	1	1	2
Oconto	4	4	3
Marinette	1	1	3
Shawano	0	0	3
Waupaca	2	2	0
Menominee	2	2	1
Outagamie	1	1	1
Manitowoc	3	3	3
Winnebago	1	1	0
Other	4	4	1
TOTAL	77	77	81

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	4	4	4
Door	5	5	2
Kewaunee	1	1	4
Oconto	3	3	2
Marinette	13	13	1
Shawano	11	11	3
Waupaca	7	7	0
Menominee	3	3	3
Outagamie	3	3	4
Manitowoc	6	6	5
Winnebago	3	3	0
Other	6	6	4
TOTAL	4	4	4

NEW ADMISSIONS			
Nicolet	36	36	29
TOTAL	36	36	29

In/Outs	Current	YTD	2015
	5	5	4

READMIT WITHIN 30 DAYS			
Nicolet	9	9	15
TOTAL	9	9	15

**BELLIN PSYCHIATRIC CENTER
INVOLUNTARY AND VOLUNTARY CHILD/ADOLESCENT ADMISSIONS**

	Jan. 2014	Jan. 2015	Jan. 2016
VOLUNTARY ADMISSIONS	24	18	36
INVOLUNTARY ADMISSIONS	19	11	19
VOLUNTARY INPATIENT DAYS	95	74.34	109
INVOLUNTARY INPATIENT DAYS	99	48.62	69.5
VOL. AV. LENGTH OF STAY	3.95	4.13	3.6
INVOL AV. LENGTH OF STAY	5.21	4.42	4.6

Report of Child Abuse/Neglect by Month

Month	2014	2015	2016	% Change from 2015 to 2016
January	403	415	434	1.9%
February	433	403		
March	427	444		
April	485	453		
May	474	407		
June	351	319		
July	308	319		
August	301	272		
September	437	430		
October	438	436		
November	413	409		
December	394	405		
Total	4864	4712		

Reports Investigated by Month

Month	2014	2015	2016	% Increase from 2015 to 2016
January	152	135	117	-1.8%
February	140	120		
March	157	139		
April	166	124		
May	157	120		
June	129	117		
July	136	102		
August	108	91		
September	154	134		
October	138	132		
November	113	99		
December	119	233		
Total	1669	1546		

HUMAN SERVICES
2015 CONTRACT STATUS LOG - 1/18/2016

Agency	Type	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
ACCEPTIONAL MINDS LLC		1/7/2016	1/15/2016	\$75,000	\$75,000
ADAMS, L AFH	AFH	11/30/15	1/5/16	\$111,218	\$111,218
ADVOCATES FOR HEALTHY TRANSITIONAL LIVING LLC	Foster Care	12/17/15	REVISING	\$275,000	\$275,000
ADVOCATES, EXTENSION LLC	Children	12/17/15	REVISING	\$700,000	\$700,000
AGNESIAN HEALTHCARE INC	Autism	11/30/15	1/11/16	\$22,100	\$22,100
AMERICAN FOUNDATION OF COUNSELING	Children	12/7/15	1/11/16	\$100,000	\$100,000
ANDERSON CAMPBELL EDUCATIONAL TEACHING (ACE)		11/17/15	1/11/16	\$24,000	\$24,000
ANGELS ON ARCADIAN	CBRF		CALLED	\$150,000	\$150,000
ANNA'S HEALTHCARE (COUNTRY LIVING)	CBRF	11/30/15	CALLED	\$180,000	\$180,000
ASPIRO INC	Other	12/17/15	1/4/16	\$414,500	\$414,500
BELLIN HEALTH OCCUPATIONAL HEALTH SOLUTIONS	Other	11/30/15	CALLED	\$25,000	\$25,000
BELLIN PSYCHIATRIC CENTER	Other	12/1/15	1/14/16	\$10,000	\$10,000
BENNIN, MARILYN	Children	12/1/15	1/14/16	\$9,000	\$9,000
BETTER DAYS MENTORING		12/21/15	1/5/16	\$25,000	\$25,000
BOLL ADULT CARE CONCEPTS	AFH	12/17/15	12/29/15	\$825,000	\$825,000
BROTOLOC HEALTH CARE SYSTEMS	CBRF	11/30/15	1/14/16	\$558,000	\$558,000
CARE FOR ALL AGES (CFAA)	CBRF	11/30/15	1/11/16	\$50,000	\$50,000
CATHOLIC CHARITIES	Other	11/30/15	12/21/15	\$169,406	\$169,406
CENTERPIECE LLC	Autism	11/30/15	12/11/15	\$190,000	\$190,000
CEREBRAL PALSY INC.	Other	12/17/15	12/29/15	\$314,500	\$314,500
CHILDRENS SERVICE SOCIETY	Foster Care	12/7/15	12/29/15	\$25,000	\$25,000
CHILEDA INSTITUTE, INC.	Children	1/14/16		\$175,000	\$175,000
CLARITY CARE INC	CBRF	12/16/15		\$53,000	\$53,000
CURATIVE CONNECTIONS (NEW CURATIVE)		12/17/15	1/7/16	\$257,000	\$257,000
CURO CARE LLC	AFH	11/30/15	12/29/15	\$200,000	\$200,000
DARNELL RECEIVING HOME	Receiving Home	12/7/15	12/21/15	\$19,710	\$19,710
DEER PATH ASSISTED LIVING INC	CBRF	11/30/15	1/12/16	\$300,000	\$300,000
DODGE COUNTY (DBA CLEARVIEW)	CBRF	11/30/15	1/4/16	\$285,000	\$285,000
DYNAMIC FAMILY SOLUTIONS	Children	12/29/15		\$155,000	\$155,000
EAST SHORE INDUSTRIES	Other	11/30/15	1/11/16	\$10,000	\$10,000
ELSNER AFH	AFH	1/18/16		\$15,826	\$15,826
ENCOMPASS CHILD CARE	Children	11/30/15	12/21/15	\$70,000	\$70,000
ENGBERG AFH	AFH	11/30/15	12/7/15	\$15,852	\$15,852
FAMILY SERVICE OF NORTHEAST WI, INC.	Children	12/17/15	12/29/15	\$2,440,015	\$2,440,015
FAMILY TRAINING PROGRAM	Children	12/29/15	1/11/16	\$155,000	\$155,000
GOLDEN HOUSE	Other	12/1/15	12/11/15	\$63,086	\$63,086
GONZALEZ AFH	AFH	11/30/15	1/14/16	\$50,300	\$50,300
GOODWILL INDUSTRIES	Other	12/1/15	12/21/15	\$6,000	\$6,000
GREEN BAY TRANSIT COMMISSION NO CONTRACT	Transportation	---	---	\$15,000	\$15,000
HELPING HANDS CAREGIVERS	Home Health	12/1/15	1/11/16	\$10,000	\$10,000
HOME INSTEAD SENIOR CARE	Home Health	12/1/15	1/4/16	\$10,000	\$10,000
HOMES FOR INDEPENDENT LIVING	Other	12/1/15	1/4/16	\$260,000	\$260,000
IMPROVED LIVING SERVICES	AFH	12/1/15	12/14/15	\$331,000	\$331,000
INFINITY CARE INC	CBRF	12/1/15	12/8/15	\$130,000	\$130,000
INNOVATIVE COUNSELING	Autism	12/1/15	CALLED	\$10,000	\$10,000
INNOVATIVE SERVICES	Other	1/4/16	1/14/16	\$1,814,200	\$1,814,200
KCC FISCAL AGENT SERVICES	Other	12/8/15	12/29/15	\$800,000	\$800,000
KLEIN, DR.	Autism	12/1/15	12/10/15	\$535,000	\$535,000
KRUEGER RECEIVING HOME	Receiving Home	12/7/15	12/29/15	\$13,140	\$13,140
LAD LAKE	Children	12/1/15	1/4/16	\$40,000	\$40,000
LAMERS BUS LINES, INC.	Transportation	12/1/15	12/21/15	\$25,000	\$25,000
LISKA, JOANN	Other	11/30/15	12/29/15	\$5,000	\$5,000
LUND VAN DYKE INC	Autism	12/1/15	12/16/15	\$375,000	\$375,000
LUTHERAN SOCIAL SERVICES	CBRF	1/18/16	CALLED	\$765,000	\$765,000
MACHT VILLAGE PROGRAMS INC	Children	12/1/15	1/11/16	\$800,000	\$800,000
MATTHEWS SENIOR LIVING	CBRF	12/1/15	1/7/16	\$100,000	\$100,000
MCCORMICK MEMORIAL HOME	CBRF	12/1/15	1/7/16	\$162,500	\$162,500
MYSTIC MEADOWS LLC	AFH	12/1/15	12/10/15	\$200,000	\$200,000
NEW COMMUNITY SHELTER INC	Other	12/1/15	12/29/15	\$40,000	\$40,000
NORTHWEST PASSAGE	Children	12/1/15	12/15/15	\$125,000	\$125,000
OPTIONS FOR INDEPENDENT LIVING INC	Other	12/1/15	12/11/15	\$15,000	\$15,000
OPTIONS LAB INC	Other	12/1/15	12/21/15	\$40,000	\$40,000
OPTIONS TREATMENT PROGRAM	Other	12/17/15		\$175,000	\$175,000
PARAGON INDUSTRIES	Other	12/1/15	1/14/16	\$125,000	\$125,000
PARENT TEAM	Children	12/1/15	12/11/15	\$200,000	\$200,000
PARMENTIER AFH	AFH	11/30/15	12/10/15	\$44,217	\$44,217
PHOENIX BEHAVIORAL HEALTH SERVICES	Autism	12/1/15	12/8/15	\$40,000	\$40,000
PNUMA HEALTH CARE	CBRF	12/1/15	12/10/15	\$200,000	\$200,000

HUMAN SERVICES
2015 CONTRACT STATUS LOG - 1/18/2016

Agency	Type	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
PRODUCTIVE LIVING SYSTEMS	CBRF	1/12/16		\$325,000	\$325,000
RAVENWOOD BEHAVIORAL HEALTH	CBRF	12/1/15	1/11/16	\$100,000	\$100,000
REHAB RESOURCES	Other	12/17/15	1/4/16	\$200,000	\$200,000
REM WISCONSIN	CBRF	12/8/15	12/21/15	\$267,500	\$267,500
RES-CARE WISCONSIN	Home Health	12/17/15	1/4/16	\$10,000	\$10,000
SCHAUMBURG, LAURIE	Other	11/30/15	E-MAILED	\$25,000	\$25,000
SLAGHT AFH	AFH	11/30/15	1/12/16	\$48,452	\$48,452
SMET AFH	AFH	11/30/15	12/29/15	\$59,371	\$59,371
SOUTHERN HOME CARE SERVICES	Home Health	12/17/15	1/4/16		\$0
SPECTRUM BEHAVIORAL HEALTH	Other	12/3/15	CALLED	\$50,000	\$50,000
ST. VINCENT HOSPITAL	Other	12/17/15		\$100,000	\$100,000
STIRLING PCW SERVICES	Other	12/3/15		\$10,000	\$10,000
TALBOT AFH	AFH	11/30/15	12/29/15	\$6,000	\$6,000
TOMORROW'S CHILDREN INC	Children	12/21/15	12/30/15	\$100,000	\$100,000
TREMPEALEAU	CBRF	12/3/15	12/14/15	\$1,166,000	\$1,166,000
VANLANEN RECEIVING HOME	Receiving Home	12/7/15	1/7/16	\$19,710	\$19,710
VILLA HOPE	CBRF	12/3/15	12/29/15	\$1,589,472	\$1,589,472
WARREN, JOHN MD	Other	12/1/15	12/21/15	\$200,000	\$200,000
WISCONSIN EARLY AUTISM PROJECT	Autism	12/3/15	12/15/15	\$370,000	\$370,000
WISCONSIN FAMILY TIES	Children	12/3/15	12/21/15	\$26,000	\$26,000
TOTAL				\$20,601,075	\$20,601,075

Brown County Human Services

TO: Human Service Committee Members

FROM: Lori Gauthier
Administrative Secretary

DATE: January 19, 2016

REQUEST FOR NEW NON-CONTINUOUS VENDOR			
VENDOR	SERVICES	DATE REQUESTED	DATE APPROVED
Individual	Respite	1/11/16	
V-T Investments	Rent	1/11/16	

Brown County Human Services

TO: Human Services Committee Members

FROM: Lori Gauthier
Administrative Secretary

DATE: January 19, 2016

REQUEST FOR NEW VENDOR CONTRACT				
VENDOR	SERVICES	CONTRACT AMOUNT	DATE REQUESTED	DATE APPROVED
Chileda Institute	Residential Child Care	\$175,000		